

## **HUTCHINSON HEALTH FOUNDATION EMPLOYEES' CHILD SCHOLARSHIP APPLICATION**

Hutchinson Health Foundation was established to optimize the health and well being of our communities by partnering with those we serve. Two \$2,000 Scholarships will be given through this program. Each student is eligible for one scholarship per year from Hutchinson Health Foundation. This scholarship is open to a student, whose parent/guardian is an employee of Hutchinson Health.

### **Application Instructions**

Please complete the attached application form to apply for the Hutchinson Health Foundation Employees' Child Scholarship and submit to the Foundation office by Friday, May 3, 2024 by 12:00 noon. Late applications will not be accepted.

Please return the application and supporting materials to:

Hutchinson Health Foundation  
1095 Highway 15 S  
Hutchinson, MN 55350

### **Requirements**

- Must be a child of a Hutchinson Health Employee
- Must already be enrolled as a full time student in a undergraduate program or be enrolling for upcoming semester
- Must be pursuing a degree in a human health care related field
- Must have a current cumulative GPA of at least a 3.0

### **Selection Process**

- 1) Selection data to be considered:
  - a. Aspirations and goals
  - b. School involvement
  - c. Community involvement
  - d. Work experience
  - e. Cumulative GPA (provided by student)
- 2) Selection committee will be composed of the Hutchinson Health Scholarship Committee. Scholarship will be awarded to students wishing to advance their education in state supported universities or private liberal arts colleges and is open to undergraduate course work in a health care field.
- 3) This scholarship will be awarded by July 1<sup>st</sup>, 2024, with \$2000 being paid out at the conclusion of the following fall term, after college transcript is returned to the Foundation office.

Applicant's First Name	Middle Name	Last Name	
Date of birth – Month/ Day/Year:			
E-mail:			
Home Address	City	State	Zip Code
Name of parents or guardians	Phone #		
Address (if different from above)			
Current Educational Institution	Address		
City	State	Zip Code	
If postsecondary – what year?	Parent/Guardian – job title within Hutchinson Health		

**1. Educational Goals & Career Plans:**



**4. Work Experience, list all prior employment for the past three years, including length of time employed**

Employer	Title	General Duties	Hours per week	Date: mo/year to mo/year	Length of Total Time

**5. Special Circumstances:**

**6. GPA**                      Transcript Attached                      yes                       no

**DATE**                      **SIGNATURE**